
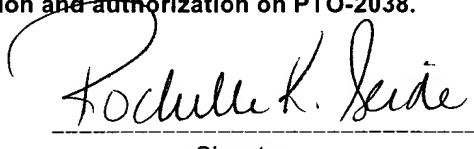


BAKER BOTTS LLP

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) A33002-PCT-USA (072667.0124)	
	In re Application of Freyssinet et al.		
	Application Number 09/486,094		Filed July 17, 2000
	For GENE CODING FOR * see attached		
	Group Art Unit 1638	Examiner Kubelik, A.	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>February 11, 2003</u>, rejecting the following claims: <u>7, 8, 19-35 and 39-42,*</u></p> <p>*The Examiner has indicated in an Advisory Action dated October 20, 2003 that Claims 9, 10, and 43-62 are allowable.</p>			
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>320</u>.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4377</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. PTO Reg No.32,300</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p> _____ Signature</p> <p>_____ Rochelle K. Seide Typed or printed name</p> <p>_____ November 12, 2003 Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			

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